

Internship Application

Full Name	<input type="text"/>		
Date of Birth	<input type="text"/>	E-mail Address	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/>
Day Phone	<input type="text"/>	Eve. Phone	<input type="text"/>
SSN	<input type="text"/>	Citizenship	<input type="text"/>

Are you a Montana Resident? ☐ Yes ☐ No
Will you receive academic credit for your internship? ☒ Yes ☐ No

If your response to either of the following questions is yes, please submit an addendum to explain the circumstance.

Have you ever been a Congressional Intern? ☐ Yes ☐ No
Have you ever been convicted of a felony? ☐ Yes ☐ No

Work Availability

(Please note: office hours are Monday through Friday, 9:00 a.m. to 5:00 p.m. in D.C. and 8:00 a.m. to 5:00 p.m. in Montana)

☐ Full Time ☐ Part Time

If Part Time, please indicate the hours you will be available to work each day of the week:

Monday	<input type="text"/>
Tuesday	<input type="text"/>
Wednesday	<input type="text"/>
Thursday	<input type="text"/>
Friday	<input type="text"/>

Signature Date